**Community Based Management Information system**

**Framework for presentation:**

1. What is MIS? – Definitions/ Need of HMIS/ Component

2. Population-based Health Management Information System

Introduction

Need of Community-based HMIS

Levels of Community-based HMIS

Information needs at different levels

Information management framework

Types of Community-based HMIS

Principles of Community-based HMIS

Data collection instruments

Community-based HMIS in India - Health system/ ICDS/

Important lessons

3. Community-managed Health Management Information System

Examples

Important lessons

8. Experience with development of Community-based Health Management Information System

**What is MIS?**

MIS is defined as a system which provides the required information to each level of management at the right time, in the right form, covering the desired quality and quantity, so it may form the basis of decision making

**Need of HMIS**

**Components:**

1. Collection

2. Transmission

3. Storage retrieval

4. Analysis

5. Interpretation and preparation for utilization and

6. Presentation of information which is necessary for decision making for effective management.

**Population-based Health Management Information System**

**Introduction:**

Population –based health information systems serve defined populations which may be regularly censused, under demographic surveillance or estimated

It stress on local participation in responding to the health needs of all in a defined population, often through household &neighbourhood level services,especially health promotion & disease prevention activities.

Community members aim to develop local human resources & institutions

**Need of Community-based HMIS:**

In health services, lots of data are generated. Yet, there remains a complaint from decision-makers that in spite of all these activities and voluminous data, they don’t have the information which they need. Thus indicating that the data generated and flowing in the health services are not need based; not tailored to provide the information desired; not suitable for use at different levels5. The routine health MIS operational through the district health system is unlikely to fulfill the information need of Village Health Committees and there is a need of community-based health MIS at village level.

As the need of information as well as the capacity to collect, interpret and use information is different at village level, a separate MIS is required at community level.

**Levels of Community-based HMIS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Level** | **User** | **Instrument** | **Question** | **Periodicity** | **Quality control** |
| Household | Mother | Immunization card | Which child needs which vaccine &When? | Continuous | RHV tracks vaccine schedule of each child |
| Household | Resident Home Visitor | Home visit card | What health promotion activities do I need to stress with this family today | Quarterly | Supervisor notes proportion of children whose mothers have received ORT training on supervisors roster |
| Neighbourhood service area | Resident home visitor | Death report form | Who died ,when &what? | Quaterly and as needed | Supervisor compares expected to reported deaths on supervisors roster |
| Neighbourhood service area | Resident home visitor | Child roster | Who are the children in my neighbourhood service area? | Continuous and Quarterly | Supervisor compares reported visits to actual number of children under 5 |
| Community | Supervisor | Child roster | What is the measles vaccine coverage in this zone? | Quarterly and annually | Health project coordinator compares with coverage data from baseline family enrollment |
| Impact area | Health project coordinator | Death registers &birth registers | What is the infant mortality rate in the impact area? | annually | Donors, home office, and ministry officials compare to baseline and official national statistics |

**Information needs at different levels:**

|  |  |  |
| --- | --- | --- |
| **Information Step** | **Illustrative cases** | |
|  | **Childhood immunization** | **Home-based care** |
| Activities | Volunteers perform house hold levels mobilizing of mothers for child immunization | Home caregiver provides care for dying household mother |
| Information needs & indicators | Immunization status of each child<5yrs.Completely immunized 12-23 month old | Quality of care provided &index of care |
| Data sources | Road to health cards &immunization outreach clinic | Volunteers perform monthly household observations &interview |
| Data flow &analysis | Data Volunteers rosters:  check immunization status with age aggregated community coverage | Quality of care checklists: percentage of good quality of care by trainee & by content area |
| Decision making | >12months&completely immunized refer to outreach clinic | Refresh trainee; modify curriculum |
| Management | Supervisor performs monthly aggregation/support visit | Supervisor performs monthly aggregation/support visit |
| Monitoring &evaluation | Lot quality assurance or end-line coverage | In depth interview of care givers&Patients |

**Types of Community-based HMIS:**

**Principles of Community-based HMIS:**

**Policy**

**Research**

**Management**

**Programme/ Content**

**Ethical**  **Economical**

**1) Equity 1) Effectiveness**

**2) Empowerment**  **2) Economical**

**Data collection instruments**

**1)Home-based records:** Immunization cards, growth monitoring cards, home visit card, women’s health card **2)Visitor-based reports:** Pregnancy/birth card, death report form, child roster &women’s roster, training session attendance form, visitors work form

**3) Supervisor & community based records**: Supervisor’s roster

**4) Impact –area or district-based records**: family enrollment forms, birth registers, death registers, migration reports, reports from home visitor’s rosters& Supervisor’s roster

**5) Field office & ministry of health based records**: Summary reports of health outputs &population health status

**6) Home office & donor based reports of health project output & population health status**

**Community-based HMIS in India - Health system/ICDS/:**

**Community-managed Health Management Information System:**

**Experience with development of Community-based Health Management Information System:**

The development of community-based health management information systems in developing countries is not well documented. Otieno GWO from School of Public Health, Moi University, Kenya reports how a Community-based Health Management Information System (CHMIS) in Bungoma, Kenya, was started and used to generate information through sources at the community level. The CHMIS had several constraints and limitations like inadequacy of qualified and dedicated community volunteers to run the CHMIS, lack of skills to handle quantitative information, lack of incentives and supervisors for community health workers and inadequate financing of the information resource centres. Despite these, a CHMIS model was developed that embraces key requisites of PHC: equity, empowerment and effectiveness. Two important principles can be drawn from the Bungoma CHMIS. First, although DHS staff may assist communities in conceptualizing, designing, implementing and utilizing the CHMIS, the community must use the system to make its own decisions. Second, communities must see a benefit to themselves in operating a CHMIS. The basic premise to be adopted in the development of any CHMIS model is that it should be designed with a focus on improving the health status of the community

In India, Indian Institute of Development Management has also made efforts to create community-based management information system on women issues. In their program, they initially conducted a study on current MIS and information requirement was identified. Then they facilitated the groups of resident communities, volunteers, neighborhood communities and community development societies to identify their information requirement and to design appropriate formats. The State and district level officials were involved in designing the MIS for their level

UNICEF has developed program in which microplanning activities are done at village level. In this program, they have developed a village health register. The village health register is maintained by youth volunteers and it captures various indicators related to health and development at village level8. Child in Need Institute has also developed a system of Community-based Health Management Information System. This system includes maintenance of a village health register by the Sahiyya (Village health worker). This information is utilized by Sahiyya and the community for village health planning

The Rajiv Gandhi Mission on Community Health in their ‘Swasthya Jeevan Seva Guarantee Yojana, also intend to develop a community-based management information system in Madhya Pradesh. As per the proposal available online, the district level programme will be built on the basis of a collective problem definition through a Peoples' Survey of Health which will also indirectly build a grassroots-level alliance for health action. The survey will map the current status of health provision, providers, burden of disease and the status of the key determinants of health. Based on this, a Village Health Register will be developed that could be actionable at the village level and the Panchayat level. Village-level health indicators contained in the Village Health Register will be aggregated to form district level Health Plans that will be actionable at the level of the district